



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)
SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name PS UPLAND INC	Telephone Number 765 498-7456	Date of Inspection (mm/dd/yr) 4/29/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 863 SOUTH MAIN UPLAND	() Owner	Follow-up YES	Release Date 5/9/19
Owner PAWINDER SINGH	Purpose: 1. Routine	Summary of Violations: C 1 NC 4 R 2	
Owner's Address 656 S MAIN ST. UPLAND	2. Follow-up	Menu Type (See back of page) 1 2 3 X 4 5	
Person in Charge TRACEY ROSS	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler SNARANDEP KAUR EXPIRES 10/15/19	5. Temporary		
	6. HACCP		
	7. Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
295	C		THE FOLLOWING FOOD CONTACT SURFACES ARE SOILED WITH FOOD DEBRIS AND OTHER DEBRIS	TODAY
		X	1) MEAT SLICER	}
			2) PREP TABLE IN BACK	
			3) SHEET TRAYS ON PREP TABLE SHELF (FRONT)	
			4) UTENSILS (CLEAN) IN A SOILED WHITE CONTAINER ON A METAL SHELF IN BACK	
295	NC		THE FOLLOWING NON-FOOD CONTACT SURFACES SOILED WITH FOOD AND OTHER DEBRIS	TODAY
			1) BLODGETT PIZZA OVEN	}
			2) CHESTER CHICKEN - DEEP FRYER	
431	NC	X	WALK IN FREEZER HAS TRASH / OTHER DEBRIS ON FLOOR, ALSO WALL IN BOTH WALK-IN COOLER AND FREEZER.	TODAY
177	NC		A-BOX'S OF FOOD SETTING DIRECTLY ON FLOOR IN WALK-IN FREEZER	TODAY
430	NC		SEVERAL FLOOR TILE BROKEN, NEED FIXED / REPLACED ALSO IN BACK STORAGE SHELVES RUSTED NEED FIXED / REPLACED	TODAY

Received by (name and title printed): Tracey Ross	Inspected by (name and title printed): Rick Curt - ASID
Received by (signature): Tracey Ross	Inspected by (signature): Rick Curt
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 5-6-19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10
DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer
R. Dale Carr-FSIO from the Grant Co. Health Department on 4/29/19.

DATE: 04 Action Taken:

Sec # 295 c

1) Meat Slicer cleaned

2) Preptable in back cleaned

3) Front Preptable is where we put dirty or soiled trays till evening to wash / then they are stored on back preptable bottom shelf.

4) Utensils are now stored in covered containers

Sec # 295 NC

1) Blodgett Pizza Oven cleaned

Sec 431 NC Walk in freezer cleaned & stock is stacked in provided shelving. Boxes are no longer on floor.

Name of Respondent: Palwinder Singh Title: Owner

Establishment Name: P.S Upland Inc

Address: 663 S. Main St. Upland, IN 46989